

**COMPANY RESTRICTED  
MORNING REPORT**

FORM 7-50

11

Dec

1944

STATION Remelfing 05254 Nord de Guerre Zone

ORGANIZATION Med Det 137 Inf Regt Md

100. DET. ETC.

(PROPERTY UNIT)

(ARMY OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
16862608	Parsons, Harvey E	409	Tro 5
Fr Dy to Toad Dy approx 3 months Fort Sheridan Ill.			

**RECORD OF EVENTS**

MAP USED SAARBRUCKEN SIA 1

OFFICER SERIAL	PLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRE	ABST	PRE	ABST	PRE	ABST	PRE	ABST	PRE	ABST
ACC	7				3					
OTHER ORGN										
<b>TOTAL</b>	<b>7</b>				<b>3</b>					

AVN CADET & EXL SERIAL	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ACC			106		3	109
<b>TOTAL</b>			<b>106</b>		<b>3</b>	<b>109</b>

**ESTIMATED NUMBER OF RATIONS REQUIRED FOR** \_\_\_\_\_ **DAY OF WEEK** \_\_\_\_\_ **NUMBER** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**MESS ATTENDANCE FOR DAY OF THIS REPORT**

BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE

**MEN AUTHORIZED TO MESS SEPARATELY** \_\_\_\_\_ **MEN ATCHD FOR RATIONS** \_\_\_\_\_  
**MEN ATCHD TO OTHER ORGN FOR RATIONS** \_\_\_\_\_ **NET** \_\_\_\_\_ **O & OTHERS MESSD** \_\_\_\_\_ **TOTAL** \_\_\_\_\_

**MEN PRESENT** : \_\_\_\_\_ **LESS** \_\_\_\_\_ **PLUS** \_\_\_\_\_

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE *Caryl H. Oshea*  
 CARYL H. OSHEA 1 Lt Inf